



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION
BUREAU OF TENNCARE

Newborn Presumptive Eligibility (NPE) Notice

Newborn Name: _____ Date of Birth: _____

☐ **Approved for temporary TennCare**

We enrolled your new baby in TennCare. Your baby's coverage starts on _____.
(insert date) You'll get a TennCare card for your baby in the mail soon.

This is temporary. We only had a little information about your baby. For your baby to keep TennCare, you must finish applying.

To finish, you must complete the full TennCare application for your baby. Call 1-800-318-2596 or apply at www.healthcare.gov.

You need to complete the application by the end of next month. What if you don't? Your baby will lose TennCare. Don't wait!

☐ **Denial**

We denied your baby because:

- ☐ Your income is too high.
- ☐ You do not live in Tennessee.
- ☐ Your baby is not a U.S. citizen or eligible immigrant.
- ☐ Your baby is older than 12 months old.

You can apply again. You can also apply for other programs. Call 1-800-318-2596 or apply at www.healthcare.gov.

Employee Signature

Name of Hospital or Birthing Center

Date